

TRAFFIC ACCIDENT REPORT		INCIDENT NUMBER	REPORT NUMBER	REPORT TYPE
		16SEP13-39KH-01050-14DMA	130230101050 VERSION 1	INITIAL
PRIVACY ACT STATEMENT AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 and EO 9397 PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, security police, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken. ROUTINE USES: Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings. DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records.				
ADMINISTRATIVE				
Incident Subject : MULTIPLE MOTOR VEHICLE COLLISION (GOV-POV)				
Date Received 16-SEP-2013	Time Received 1540	Incident Received By Telephone	Start Date / Time of Incident 16-SEP-2013 1537	End Date / Time of Incident 16-SEP-2013 1537
Type of Accident Vehicle-Vehicle	Number Vehicles Involved 2	Severity 0 Number Killed 0 Number Injured Property Damage		
Weather : Clear		Lighting : Daylight		
LOCATION				
On/Off Base On	Road or Street on Which Accident Occurred DRIVEWAY		City, State/Territory, Zip/Postal Code, Country MCBH KANEOHE BAY, HI 96863 USA	
50 Feet N of Nearest Intersecting Street, Highway, or Other Permanent Landmark Identified as BUILDING 212				
Kind of Locality : Highway/Road/Alley (includes street)				
VEHICLE(S)				
Vehicle # 1	Year 2006	Color White	Model TRANSIT BUS	Body Style Bus
			Make BLUE BIRD	Owner Name U.S. GOVERNMENT
License Plate US Government / G3202811	DOD Decal	Vehicle Identification Number (VIN) 1BAKGCKA06F234103		Ownership Type US Federal Gov. - Appropriated
Insurance Policy Number SELF INSURED	Insurance Company U.S. GOVERNMENT		Insurance Expires On	
Other Identifying Marks :				
Traffic Control/Road Conditions				
Driving Lanes : One Lane		Character : Curve, Level		
Surface : Blacktop		Conditions : Dry		
Road Defects : No Defects		Traffic Control : One Way Street		
Contributing Circumstances and Driver Actions				
Direction Headed : SW		Vehicle Defects : None Noted		
Lawful Speed : 10	Estimated Speed at Impact :	Estimated Speed when Danger was First Noticed :		
Distance Traveled after Impact :		Estimated Distance when Danger was First Noticed :		
Vehicle Damage				
Severity of Damage : Other Motor Vehicle Damage		Areas Damaged : 5 - Right Rear Quarter-Panel		
Towed By : RELEASED TO UNIT		Towed To : RELEASED TO UNIT		
Vehicle # 2	Year 2012	Color Black	Model FRONTIER	Body Style Pickup
			Make NISSAN	Owner Name (b) (6)
License Plate Hawaii / RVG030	DOD Decal BBI81775	Vehicle Identification Number (VIN) (b) (6)		Ownership Type Private/Personal
Insurance Policy Number (b) (6)	Insurance Company USAA		Insurance Expires On 18-APR-2014	

Other Identifying Marks :				
Traffic Control/Road Conditions				
Driving Lanes : One Lane			Character : Curve, Level	
Surface : Blacktop			Conditions : Dry	
Road Defects : No Defects			Traffic Control : One Way Street	
Contributing Circumstances and Driver Actions				
Direction Headed : SW		Vehicle Defects : None Noted		
Lawful Speed : 10	Estimated Speed at Impact :	Estimated Speed when Danger was First Noticed :		
Distance Traveled after Impact :	Estimated Distance when Danger was First Noticed :			
Vehicle Damage				
Severity of Damage : Other Motor Vehicle Damage		Areas Damaged : 7 - Rear Left, 8 - Left Rear Quarter-Panel		
Towed By : RELEASED TO OWNER			Towed To : RELEASED TO OWNER	
DRIVER(S)				
DRIVER #1			Vehicle 1	
Name (b) (6)		ID Num SSN/ (b) (6)	Rank (b) (6)	
Branch of Service Marine Corps	Personnel Type MILITARY	Status Regular (Active)	Date of Birth (b) (6)	Place of Birth
Home Telephone (b) (6)			Work Telephone (b) (6)	
Address (b) (6)				
Organization SCHOOL OF INFANTRY WEST			UIC / RUC	
Drivers License (b) (6) CA USA		Limitations on License None	Driving Experience 12	
Seat Belt Use Both Used	Seat Occupied 1	Chemical Test Given No	Chemical Test Refused No	BAC PCT
Injury Type(s):				
Contributing Circumstances and Driver Actions				
Citation Number N17701224		Driver Actions Going Straight Ahead, Making Right Turn		
OCCUPANTS(S)				
PEDESTRIAN(S)				
COMPLAINANT(S)				
OFFENSE(S)				
PROPERTY				
PROPERTY - NARCOTIC(S)				
WITNESS(S)				
VICTIMS(S)				
VICTIM		Victim Type Individual	DD2701 Issued 16-SEP-2013	
Name (b) (6)		ID Num SSN/ (b) (6)	Rank (b) (6)	
Branch of Service Marine Corps	Personnel Type MILITARY	Status Regular (Active)	Date of Birth (b) (6)	Place of Birth
Sex : Male	Race : White	Ethnicity : Not Hispanic		Resident of Jurisdiction : Resident
Address				

(b) (6)		
Organization 1/3	UIC / RUC	Work Telephone (b) (6)
ADDITIONAL VICTIM INFORMATION		
Offense(s) Committed Against This Victim :		
Relationship of Victim to Suspect(s) :		
Aggravated Assault Circumstances :		
Injury Type(s):		
SPONSOR(S)		
SUSPECT(S) / ARRESTEE(S)		
ADDITIONAL POLICE OFFICERS		
POLICE OFFICER		
Name (b) (6)	ID Num SSN/ (b) (6)	Rank (b) (6)
Branch of Service Marine Corps	Personnel Type MILITARY	Status Regular (Active)
Organization HQBN/PMO/ACCIDENT INVESTIGATIONS		
NARRATIVE		
<p>At 1540hrs, on 16 Sep 2013, AID was notified of a Multiple Motor Vehicle Collision Bus versus Vehicle that occurred at the Driveway of building 212 MCBH Kaneohe Bay, HI 96863. This is located in the Special Maritime and territorial jurisdiction of the United States.</p> <p>SCENE ARRIVAL:</p> <p>Upon arriving on scene, I, (b) (6) observed a White in color Bus (Gov Reg G3202811) later identified as Vehicle-1, which was stopped, engine off and parked on the left side of the road facing west with damage to the middle right side. Stopped to the east of the traffic lane in the grass was a black in color Nissan Frontier (HI Reg RVG 030, DoD Decal BBI 81775) later identified as Vehicle-2, which was stopped facing west with damage to the rear left of the vehicle.</p> <p>OBSERVED CONDITIONS:</p> <p>The environmental conditions were dry, clear, with natural light, and no noticeable wind. The roadway surface material consisted of asphalt pavement. The direction of the collision was level, on a curve and, with no noticeable surface defects to the roadway.</p> <p>STATEMENT OF (b) (6)</p> <p>(b) (6), Owner of Vehicle-2 (identified as (b) (6) via his Military Identification Card), made a verbal statement that his vehicle was parked on the right side of the one way street, when he noticed a bus that was making a right turn at the curve where his vehicle was parked (b) (6) further stated that he attempted to stop the bus because he noticed that it was close to the rear of the vehicle he owns. He then yelled for the driver of the bus to "stop" but, he was unable to get the driver to stop when the bus swiped the left rear of the vehicle.</p> <p>STATEMENT OF (b) (6)</p> <p>(b) (6), Driver-1 (identified as (b) (6) via his Military Identification Card), made a verbal statement that he was making a right turn through the curve when he observed the vehicles parked on the side of the driveway. He then attempted to make the right turn through the curve and realized that there was not enough room to clear the turn. (b) (6) then stated that the bus came into contact with the other vehicle.</p> <p>VEHICLE EXAMINATION:</p> <p>A basic examination of Vehicle-1 was conducted; areas examined consisted of the vehicles overall structure, all four tires, front and rear brakes, brake lights, turn signals and the windshield. Vehicle-1 was examined for any obvious signs of damage, cracks or blemishes. There was no damage, other than the collision damage discovered that might have interfered with the safe and lawful operation of the vehicle prior to the collision.</p> <p>INVESTIGATION:</p> <p>Investigation revealed that a White in color 2006 Blue Bird Transit Bus (Gov Reg G3202811) identified as Vehicle-1, was maneuvering in the driveway, when Driver-1 observed and failed to maintain a safe distance from V-2, a Black in color 2012 Nissan Frontier (HI Reg RVG 030, DoD Decal BBI 81775) which was parked in the driveway. As a result, the middle right of Vehicle-1 struck the left rear of Vehicle-2. Vehicle-1 sustained damage to the middle right of the vehicle and Vehicle-2 sustained damage to the rear left of the vehicle.</p> <p>DAMAGES:</p> <p>Vehicle-1 sustained damage consisting of scratches to the right middle side of the bus.</p> <p>Vehicle-2 sustained damages consisting of scratches, dents, and possible internal damages to the rear left side.</p> <p>CITATIONS:</p>		

Driver-1 was issued (1) Armed Forces Traffic Ticket (N17701224) for Failure to maintain sufficient distance.

DISPOSITION:

Vehicle-1 was released to the unit.

Vehicle-2 was released without issue to the owner.

INJURIES:

None

ALCOHOL/DRUGS:

None

NOTIFICATIONS:

At 1633 hours, on 16 Sep 13, (b) (6) SNCOIC, was notified of the incident.
At 1800 hours, on 16 Sep 13, (b) (6) OOD, was notified of the incident.

ENCLOSURE(S)

ENCL #	DESCRIPTION
1	Photographs (6 taken) (3 pages)
2	Copy of DD Form 1408 (b) (6) (N17701224)
3	Standard Form 91 (b) (6)
4	Scene Sketch (b) (6)

REPORTING/APPROVING OFFICIALS

Reporting Official (b) (6) Accident Investigations Chief	Date 23-SEP-2013	Accident Investigations Chief	SEP-2013 APPROVED ON 23-SEP-2013
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DISTRIBUTION

Referred To/Assumed By :

Distribution :

Photo-1: Front profile of Vehicle-1; no damage shown.



Photo-2: Rear profile of Vehicle-1; no damage shown.



Photo-3: Close up of Vehicle-1, showing scratches to the right side.

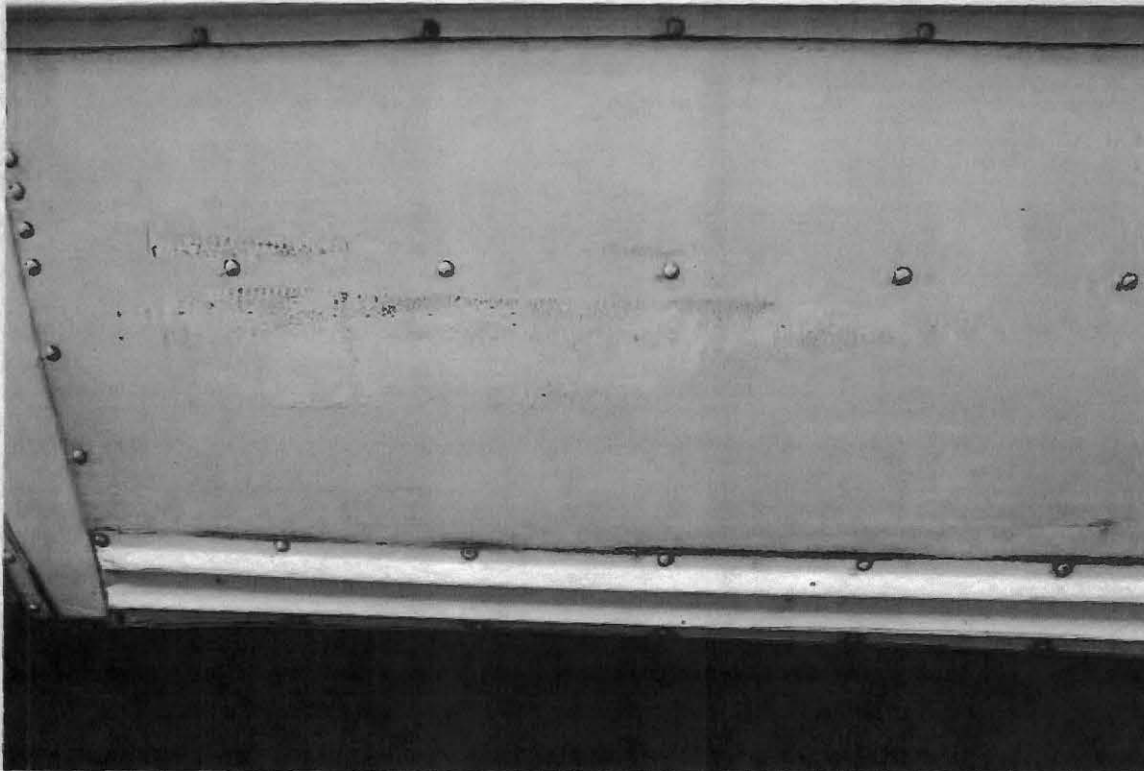


Photo-4: Front profile of Vehicle-2; showing no damage.



Photo-5: Rear profile of Vehicle-2; no damage shown.



Photo-6: Close up of Vehicle-2, sustained damages consisting of scratches, dents, and possible internal damages.



G701

NO COURT

ARMED FORCES TRAFFIC TICKET			<input type="checkbox"/> WARNING (See Remarks below)	NAME (Last, First, Middle Initial)																																										
The person named below committed traffic violation set forth at the time and location, and on date shown, and was issued this traffic ticket.																																														
1. NAME (Last, First, Middle Initial)																																														
(b) (6)																																														
2. RANK/GRADE		3. DATE OF BIRTH	4. SOCIAL SECURITY NO.																																											
(b) (6)		(b) (6)	(b) (6)																																											
5. ORGANIZATION OR ADDRESS																																														
SOI WEST HQ																																														
6. DRIVER LICENSE NUMBER			7. ISSUING AUTHORITY (State or Military)																																											
(b) (6)			CA																																											
8. MAKE OR TYPE OF VEHICLE	9. STATE LICENSE OR REGIS. NO.	10. INSTL TAG NO.																																												
BLUE BUS	G3202811	G701																																												
11. DATE (Day-month-year)	12. TIME	13. LOCATION																																												
16 SEP 13	1615	ACCESS RD ADJ BID 324																																												
14. SPEED OVER	15. VIOLATION	16. OTHER VIOLATIONS (Describe)																																												
X	X	SR																																												
<table border="1"> <tr> <td rowspan="4">PARKING</td> <td>OVERTIME</td> <td>DOUBLE PARKING</td> </tr> <tr> <td>PROHIBITED AREA</td> <td>OTHER (Describe in Remarks)</td> </tr> <tr> <td>RAIN</td> <td>AREA</td> </tr> <tr> <td>SNOW</td> <td>BUSINESS</td> </tr> <tr> <td rowspan="4">CONDITIONS THAT INCREASED SERIOUSNESS OF VIOLATION</td> <td>SLIPPERY PAVEMENT</td> <td>INDUSTRIAL</td> </tr> <tr> <td>DARKNESS</td> <td>RURAL</td> </tr> <tr> <td>OTHER TRAFFIC PRESENT</td> <td>SCHOOL</td> </tr> <tr> <td>CAUSED PERSON TO DODGE</td> <td>PEDESTRIAN</td> </tr> <tr> <td colspan="2">PEDESTRIAN</td> <td>VEHICLE</td> </tr> <tr> <td colspan="2">DRIVER</td> <td>HIT FIXED OBJ</td> </tr> <tr> <td colspan="2">JUST MISSED ACCT</td> <td>RIGHT ANGLE</td> </tr> <tr> <td colspan="2"></td> <td>SIDESWIPE</td> </tr> <tr> <td colspan="2"></td> <td>REAR END</td> </tr> <tr> <td colspan="2"></td> <td>INTERSECTION</td> </tr> <tr> <td colspan="2"></td> <td>HEAD ON</td> </tr> <tr> <td colspan="2"></td> <td>RAN OFF ROAD</td> </tr> </table>					PARKING	OVERTIME	DOUBLE PARKING	PROHIBITED AREA	OTHER (Describe in Remarks)	RAIN	AREA	SNOW	BUSINESS	CONDITIONS THAT INCREASED SERIOUSNESS OF VIOLATION	SLIPPERY PAVEMENT	INDUSTRIAL	DARKNESS	RURAL	OTHER TRAFFIC PRESENT	SCHOOL	CAUSED PERSON TO DODGE	PEDESTRIAN	PEDESTRIAN		VEHICLE	DRIVER		HIT FIXED OBJ	JUST MISSED ACCT		RIGHT ANGLE			SIDESWIPE			REAR END			INTERSECTION			HEAD ON			RAN OFF ROAD
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15. REMARKS																																														
FAILURE TO MAINTAIN SUFFICIENT DISTANCE																																														
B.O. 5500.15B																																														
16. NAME OF PERSON ISSUING TRAFFIC TICKET																																														
(b) (6)																																														
17. ORGANIZATION AND INSTALLATION			18. RANK/GRADE																																											
PMO AID			(b) (6)																																											

DD Form 1408, DEC 87

Previous edition is obsolete.

CO of violator or appropriate civil agency

1

130230101050-

ENCLOSURE(2)

**MOTOR VEHICLE
ACCIDENT REPORT**Please read the
Privacy Act State-
ment on Page 3INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X,
items 72 thru 82c are filled on by the operator's supervisor. Section XI thru XIII are
filled out by an accident investigator for bodily injury, fatality, and/or damage
exceeding \$500.**SECTION I - FEDERAL VEHICLE DATA**

1. DRIVER'S NAME (Last, first, middle) (b) (6)		2. DRIVER'S LICENSE NO./STATE/LIMITATIONS (b) (6) /CA/ N/A		DATE OF ACCIDENT 2013 09/16	
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS USMC 501 West				4b. WORK TELEPHONE NUMBER (b) (6)	
5. TAG OR IDENTIFICATION NUMBER G32084 G3202811	6. EST. REPAIR COST \$	7. YEAR OF VEHICLE	8. MAKE Blue Bird	9. MODEL BUS	10. SEAT BELTS USED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
11. DESCRIBE VEHICLE DAMAGE Minor Paint transfer					

SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed)

12. DRIVER'S NAME (Last, first, middle) (b) (6)		13. SOCIAL SECURITY NO./ TAX IDENTIFICATION NO. (b) (6)		14. DRIVER'S LICENSE NO./STATE/LIMITATIONS (b) (6)	
15a. DRIVER'S WORK ADDRESS 1/3 Wpns Company 815 pltn.				15b. WORK TELEPHONE NUMBER ()	
16a. DRIVER'S HOME ADDRESS (b) (6)				16b. HOME TELEPHONE NUMBER (b) (6)	
17. DESCRIPTION OF VEHICLE DAMAGE dentel bumper broken light, gashes in paint				18. ESTIMATED REPAIR COST \$	
19. YEAR OF VEHICLE 2012	20. MAKE OF VEHICLE Nissan	21. MODEL OF VEHICLE Frontier SL		22. TAG NUMBER AND STATE ZVG 030 HAWAII	
23a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS USAA Federal Savings Bank 10750 McDermott Freeway San Antonio, TX USA 78288-9876				23b. POLICY NUMBER (b) (6)	
24. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input checked="" type="checkbox"/> PRIVATELY OWNED				25a. OWNER'S NAME(S) (Last, first, middle) (b) (6)	
26. OWNER'S ADDRESS(ES) SAME AS ABOVE				25b. TELEPHONE NUMBER ()	

SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed)

27. NAME (Last, first, middle) N/A		28. SEX	29. DATE OF BIRTH
30. ADDRESS			
A 31. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		32. IN WHICH <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	33. LOCATION IN VEHICLE
34. FIRST AID GIVEN BY			
35. TRANSPORTED BY		36. TRANSPORTED TO	
37. NAME (Last, first, middle)		38. SEX	39. DATE OF BIRTH
40. ADDRESS			
B 41. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		42. IN WHICH <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	43. LOCATION IN VEHICLE
44. FIRST AID GIVEN BY			
45. TRANSPORTED BY		46. TRANSPORTED TO	
47. Pedes- trian	a. NAME OF STREET OR HIGHWAY		b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) FROM # TO
	c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)		

SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

Victim witnessed accident, driver continue to try to pull away from truck after initial contact with vehicle.

PRIVACY ACT STATEMENT

The information on this form is subject to the Privacy Act of 1974 (5 U.S.C. section 552a). Authority to collect the information is Title 40 U.S.C. Section 491 and title 31 U.S.C. Section 7701. The information is required by Federal Government agencies to administer motor vehicle programs, including maintaining records on accidents involving privately owned and Federal fleet vehicles, and collecting accident claims resulting from accidents. Federal employees, and employees under contract, will use the information only in the performance of their official duties. Routine uses of the collected information may include disclosures to: appropriate Federal, State, or local agencies or contractors when relevant to civil, criminal, or regulatory investigations or prosecutions; the Office of Personnel Management and the General Accounting Office for program evaluation purposes; a Member of Congress or staff in response to a request for assistance by the individual of record; another Federal agency, including the Departments of Treasury and Justice, or a court under judicial proceedings; agency Inspectors General in conducting audits; private insurance and collection agencies (including agencies under contract to Treasury to collect debt), and to other agency finance offices for fiscal management and debt collection. Furnishing the requested information is mandatory, including the Social Security Number or Taxpayer's Identification Number (TIN) for use as a unique identifier to ensure accurate identification of individuals or firms in the system.

SECTION IX - FEDERAL DRIVER CERTIFICATION

I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief.

72a. NAME AND TITLE OF DRIVER

72b. DRIVER'S SIGNATURE AND DATE

(b) (6)

Motor Transport Operator

(b) (6)

9/16/2013

SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

73. ORIGIN

74. DESTINATION

Kanawha Bay

Pine Log

75. EXACT PURPOSE OF TRIP

Transport SSBC to and from Pine Log

76. TRIP BEGAN

DATE

TIME (Include AM or PM)

9/16/2013

530 AM

77. ACCIDENT OCCURRED

DATE

9/16/2013

TIME (Include AM or PM)

340 PM

78. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR

☒ ORALLY

☐ IN WRITING (Explain)

79. WAS THERE ANY DEVIATION FROM DIRECT ROUTE?

☒ NO

☐ YES (Explain)

80. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS?

☒ YES

☐ NO (Explain)

81. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED?

☒ NO

☐ YES (Explain)

82. COMPLETED BY DRIVER'S SUPERVISOR

☒ YES

☐ NO

a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY

b. COMMENTS SNM WAS RETURNING STUDENTS FROM LIVE FIRE TRAINING WHEN THE ACCIDENT OCCURRED. SNM WAS IN THE LINE OF DUTY. I DO NOT BELIEVE THE ACT WAS MALICIOUS IN NATURE.

83a. NAME AND TITLE OF SUPERVISOR

83b. SUPERVISOR'S SIGNATURE AND DATE

83c. TELEPHONE NUMBER

(b) (6)

EXECUTIVE OFFICER

(b) (6)

20130917

(b) (6)

STANDARD FORM 91 (REV. 2/2004) PAGE 3

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ENCLOSURE (3)

SECTION IV - ACCIDENT TIME AND LOCATION (Use Section VIII if additional space is needed.)

48. DATE OF ACCIDENT 49. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).

2013 0916 Dewey Square

50. TIME OF ACCIDENT

3:45 AM PM

51. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.

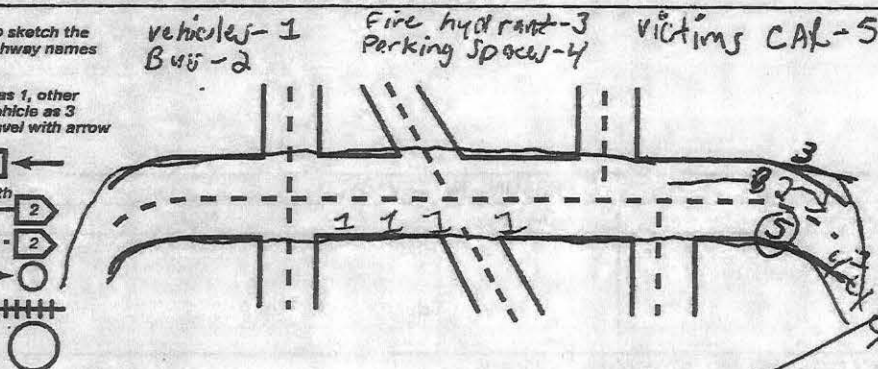
Example. → 1 → 2 →

b. Use solid line to show path before accident and broken line after the accident.

c. Show pedestrian by → ○

d. Show railroad by + + + + +

e. Place arrow in this circle to indicate NORTH



52. POINT OF IMPACT (Check one for each vehicle)

FED	2	AREA
		a. Front
		b. R. Front
		c. L. Front
		d. Rear
		e. R. Rear
	✓	f. L. Rear
		g. R. Side
		h. L. Side

52. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.), condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making U-turn, passing, stopped in traffic, etc.).

Cars Parked in parking spaces. Victim's car parked illegally on corner next to fire hydrant. I rubbed my Buick tires on left curb to try and avoid best as I could. I ~~skipped~~ skinned the truck's left tail light and bumper and traded paint.

SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)

53. NAME (Last, first, middle)	54. WORK TELEPHONE NUMBER	55. HOME TELEPHONE NUMBER
A	()	()
56. WORK ADDRESS	57. HOME ADDRESS	
58. NAME (Last, first, middle)	59. WORK TELEPHONE NUMBER	60. HOME TELEPHONE NUMBER
B	()	()
61. WORK ADDRESS	62. HOME ADDRESS	

SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)

63a. NAME OF OWNER (Last, first, middle)	63b. WORK TELEPHONE NUMBER	63c. HOME TELEPHONE NUMBER
()	()	()
63d. WORK ADDRESS	63e. HOME ADDRESS	
64a. NAME OF INSURANCE COMPANY	64b. TELEPHONE NUMBER	64c. POLICY NUMBER
()	()	()
65. ITEM DAMAGED	66. LOCATION OF DAMAGED ITEM	67. ESTIMATED COST

SECTION VII - POLICE INFORMATION

68a. NAME OF POLICE OFFICER (b) (6)	68b. BADGE NUMBER (b) (6)	68c. TELEPHONE NUMBER (b) (6)
69. PRECINCT OR HEADQUARTERS	70a. PERSON CHARGED WITH ACCIDENT (b) (6)	70b. VIOLATION(S)
TRAFFIC PMO MCBH		FAILURE TO MAINTAIN SUFFICIENT DISTANCE

SECTION XI - ACCIDENT INVESTIGATION DATA

DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION.

☒ NO

☐ YES (If checked, explain below.)

PERSONS INTERVIEWED

NAME	DATE	NAME	DATE
a.		c.	
b.		d.	






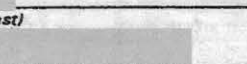
ADDITIONAL COMMENTS (Indicate section and item number of reach comment).

SECTION XII- ATTACHMENTS

LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII- COMMENTS/APPROVALS

REVIEWING OFFICIAL'S COMMENTS

ACCIDENT INVESTIGATOR SIGNATURE (b) (6)  DATE 20130916		ACCIDENT REVIEWING OFFICIAL SIGNATURE (b) (6)  DATE 20130923	
NAME (First, middle, last) (b) (6)  TITLE ACCIDENT INVESTIGATOR OFFICE MCBH PMO ASD		NAME (First, middle, last) (b) (6)  TITLE TRAFFIC INVESTIGATOR OFFICE TRAFFIC PMO MCBH	
OFFICE TELEPHONE NUMBER AREA CODE 405 NUMBER (b) (6)  EXTENSION		OFFICE TELEPHONE NUMBER AREA CODE 808 NUMBER (b) (6)  EXTENSION	

DATA

MMVC/GOV-POV/PD

Date/ Time: 16 Sep 13 / 1540

Location: Building 212 Driveway MCBH Kaneohe Bay, HI 96863

Investigator: (b) (6)

MCBH PMO, Kaneohe Bay HI 96863

CCN: 130230101050

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Driveway




N
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Not to Scale

ENCLOSURE (4)

130230101050

LEGEND

-  Vehicle 1 in motion
-  Vehicle 2 in motion
-  PPOI

Building 212

